

Spring 2016 Adult Registration Form

√Please refer to all registration information in the brochure!

* REGISTRATION BEGINS ON Monday January 11th!

Name:	Address:					
City:	Zip:_		Date of birt	th/	/_	
Parent/Guardian: (H)			(W)_			
Wheelchair Accommodations:	Yes	s Attend	d with an aide: _	Yes		
Email Address:						
Aide Name: Aide Email Address:						
Adult Programs: Programs		Prooram Co	<u>st</u>	Aide (Cast	Total
"Branch Out" Adult Day Program	Program Cost 1 day/week= \$100.002 days/week= \$165.003 days/week= \$240.00 Please note which days you will be attending:TuesdaysWednesdaysThursdays			Aide Fee activity. W ahead of tin	Aide Cost Total Aide Fee: Dependent on activity. We will notify you ahead of time.	
Weekend Warriors	\$25.00			\$3	\$25.00	
Adult Community Outings:						
<u>Programs</u>		<u>Program Co</u>	ost \(\sum_{\text{\sum}}	<u> 1ide Cost</u>	Total	
Murry's Dinner Playhouse		\$ 32		\$32		
Annie: Broadway Musical (Girls only)		\$30		\$30		
UALR Basketball Game (Guys only)		\$20		\$20		
Day Trip to Hot Springs		\$10		\$10		
Degray Boat Tour		\$10		\$10		
*Participants with aides, advanced payment will be required for outings/tickets. Please include this in your total. Form of Payment Check TOTAL:						
Cash Waiv	1					
**If submitting program fees for payment by Waiver please provide the following information: Agency Name Case Manager						
*We may take photos of participants enrolled in programs or outings. These						

Return with payment to: Little Rock Parks and Recreation Therapeutic Recreation Division 7201 Dahlia Drive Little Rock, AR 72209

photos are used only for promotion of our TR services in the form of displays, brochures, videos and flyers. Please check yes to release photo sharing privileges to the TR staff or no if you wish for you participant to remain out of promotional materials.

Yes____No_